



# STAR-QI

## FAQ's

### Issue 5

This “Frequently Asked Questions” is for users of the “read-only” Strengthening Treatment Access and Retention – Quality Improvement - STAR-QI web based application on the OASAS web site.

This handout will cover:

- Details of the read-only interface to STAR-QI
- Details of reports available

### Details of the read-only interface to STAR-QI

1. What is “Strengthening Treatment Access and Retention – Quality Improvement (STAR-QI)?
  - STAR-QI is a Web based application that enables Outpatient programs to measure quality improvement (based on the NIATx model, see last page)
  - STAR-QI includes data entry, search, export, indicator reports and data quality and monitoring functions
2. What is “read-only” STAR-QI:
  - Access to STAR-QI functions that don't include data entry:
    - Summary Data Quality and Monitoring Reports
    - Indicator Reports for STAR-QI programs
3. Who can access read-only STAR-QI:
  - Field Office staff, LGU and County staff
  - Other OASAS staff as needed.
  - Program staff (as part of consortium access)
4. Where is the interface located?
  - On the “Applications” tab in OASAS applications – separate to STAR-QI: <https://apps.oasas.ny.gov/>

**Look for updated User Guides and Training coming soon to the User Guides tab of the OASAS Portal**

## Details of Reports Available:

### 1. Indicator Reports:

- Weekly and monthly trends in real time on 45 performance measures to monitor change project trends at a program.
- Programs use these trends to build a business case and win support for system changes. Programs using NIATx methods have shown increases in admissions and marked improvements in treatment access, engagement and retention.
- Indicator reports cover access, early engagement, and retention and volume measures across the continuum of service dates collected in the system.
- The following Report types are available:
  - “Single Indicator” shows a report where one indicator type must be selected. A Flex Item and/or a Discharge Status may be selected to refine the report output. Output graphs will show the results on one line.
  - “Indicator Overlay” shows data for two indicator reports within the same category (percentage, count or average). Output graphs will show two lines overlaid.
  - “Flex Item Overlay” shows data for a single indicator type using entries from flex items to select output. One or more entries within any flex item may be selected. Output graphs will show up to 5 lines of combinations.

#### STAR-QI Indicator Report

\* Output Type : PDF

\* Provider :  

\* Program :  

#### Report Options

\* Report Type : Flex Item Overlay

\* Indicator Type 1 :

Indicator Type 2 :

Single Indicator  
Indicator Overlay  
Flex Item Overlay

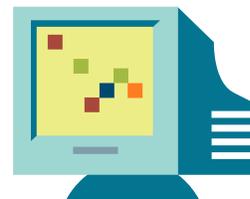
ame category [percent, count, or average] as Indicator Type 1)

- For a detailed listing of reports (and definitions) see:
  - STAR-QI Indicator Definitions (on the main application page, under the “User Guides” tab)

## Details of Reports Available (continued):

### **2. Data Monitoring and Quality Report – Summary report:**

- This report shows three categories: Activity, Data Quality, and Missing Data. Each category shows a list of criteria with a total number of episode records for each criterion. Hints and recommendations for further reports that can be run (by the program) are shown:



#### **Activity**

- 1 Current number of records in STAR-QI:
- 2 Last modification or entry date:
- 3 Number of First Requests for Service with date in last 30 days:
- 4 Number of First Assessments with date in last 30 days:
- 5 Number of Admissions with date in last 30 days:

#### **Data Quality**

These reports data in CDS that do not exist or do not match in STAR-QI.

- Admitted to CDS but not STAR-QI in Last 30 Days:

Clients who were admitted to CDS in the last 30 days but not admitted to STAR-QI.

- Admitted to CDS but not STAR-QI in Last 12 Months:

Clients who were admitted to CDS in the last 12 months but not admitted to STAR-QI.

- Admitted to CDS but not STAR-QI (All):

Clients who were ever admitted to CDS but have not been admitted to STAR-QI.

- Discharged from CDS but not STAR-QI in Last 30 Days:

Clients who were discharged from CDS in the last 30 days but not discharged from STAR-QI.

- Discharged from CDS but not STAR-QI in Last 12 Months:

Clients discharged from CDS in the last 12 months but not discharged from STAR-QI.

- Discharged from CDS but not STAR-QI (All):

Clients who were ever discharged from CDS but have not been discharged from STAR-QI.

#### **Missing Data**

- First Request for Service Date Missing Report:

STAR-QI records that are missing the First Request for Service Date.

- Appointment Status Missing Report:

STAR-QI episodes more than 30 days old (based on First Request for Service Date) where "Did Client Show for First Appointment" is missing.

- First Clinical Service Date Expected Report:

STAR-QI episodes more than 30 days old (based on First Request for Service Date) which has no first clinical service (Admission Date or First Assessment Date) and "Did Client Show for First Appointment" as "Yes."

- Service Dates Missing Report:

STAR-QI episodes more than 30 days old (based on Admission Date) where no service dates (1, 2, 3, or 4) have been entered.

- Discharge Data Missing Report:

STAR-QI episodes with an Admission Date and that are missing discharge information where record is marked as done, that is Completion Status = Done.

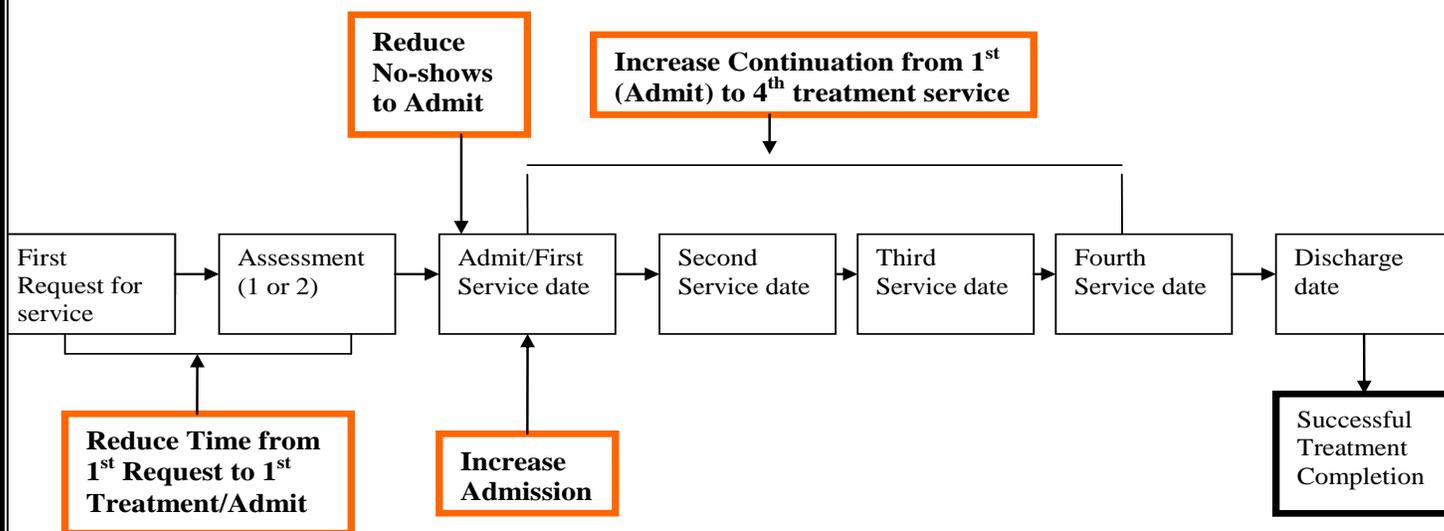
## Additional Information on STAR-QI:

The STAR-QI application is on the web at <https://apps.oasas.ny.gov/> STAR-QI documentation and support materials available:

- On the main application page, under the USER GUIDES tab, to help you get started:
  - STAR-QI User Guide, STAR-QI Indicator Definitions, STAR-QI Data Items Glossary
- On the main application page, under the ONLINE TUTORIALS tab, there are three videos to guide you through the STAR-QI Module
  - Entering a new episode - Updating and Searching - Indicator Reports

**STAR-QI is a Web based application that enables Outpatient (OP) programs to measure quality improvement. The system allows data collection from first request for service to the third clinical service post admission and discharge (see below). The application was developed for programs using the NIATx model for process improvement but is now available to all NYS OP programs.**

### **Model of NIATx Process Improvement Aims & Measures and data collected in STAR-QI**



*Feedback is welcome – Contact:  
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with any comments, questions, or suggestions.*